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| **PART A: INCIDENT NOTIFICATION** |
| **Incident****Category***(check one)* | **[ ]**  Injury/Illness **(Part B and C must also be completed)****[ ]**  Spill/Release **[ ]**  Public Complaint**[ ]**  Property/Equipment Damage | **[ ]**  Fire/Explosion**[ ]**  Regulatory/Permit Non-Conformance**[ ]**  Near Miss**[ ]**  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **When** | Date/Time of Incident:  | Date/Time Reported to Supervisor: |
| **Who** | Person Involved: | Supervisor: | Witness 1: | Witness 2: |
| **Was the Incident Reported Late?** | **[ ]**  No | **[ ]**  Yes (provide reason for delay) |
| **Location of Incident** | **[ ]**  StFX University property (provide details): |
| **[ ]**  Other Location (provide details): |
| **Weather and** **Surface Conditions** | Weather: | Surface: |
| **[ ]**  Clear **[ ]** Snow**[ ]**  Cloudy **[ ]** Windy**[ ]**  Rain **[ ]**  Temperature (°C): | **[ ]**  Dry **[ ]** Sloped **[ ]** Icy**[ ]**  Wet **[ ]** Slippery **[ ]** Frozen**[ ]**  Muddy **[ ]** Snow Covered  |
| **PPE Worn at Time of Incident** | [ ]  Safety Glasses | [ ]  Hard Hat | [ ]  Safety Boots | [ ]  Long Trousers | [ ]  Sleeved Shirt |
| [ ]  Gloves | [ ]  Other: | [ ]  Not applicable | [ ]  Other: |
| **Description of Incident***- stick to the facts leading up to, during and following incident**- if more space is needed or you want to include a sketch, use Page 4 or a blank piece of paper.**- attach photos and other helpful info* |  |
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| **PART B: INJURY/ILLNESS REPORT** |
| **Medical Attention** | Did the worker go to a health care facility because of their injury/illness? | [ ]  Yes [ ]  No | Was the injury/illness reported to a doctor as work-related? | [ ]  Yes[ ]  No |
| **Injury Description** | Type of Injury: *(burn, cut, puncture, bruise, etc)* |  |
| Body Part(s) Injured: *(left eye, right hand, left foot, etc)* |  |
| Source of Injury: *(tool, rotating equipment, vehicle)* |  |
| Type of Incident: *(struck by, fall, contact with, etc.)* |  |
| **PART C: INJURY CLASSIFICATION** |
| **Incident Classification***- attach Doctor’s note if applicable**- for restricted work cases, attach return-to-work duties* | [ ]  First Aid (details): |
| [ ]  Medical Treatment (details): | Name of Health Care Facility & Doctor: |
| [ ]  Restricted Work   | Start Date: | End Date: | # of days: |
| [ ]  Lost Time | Start Date: | End Date: | # of days: |
| **PART D: INCIDENT INVESTIGATION** |
| **Incident Costs -** Costs are estimates. Use $50/hour for all personnel time |
| **Structural/Equipment Damage: [ ]**  N/A | **Environmental Costs: [ ]**  N/A | **Other Costs: [ ]**  N/A |
| Equipment Repairs: $ | Cleanup Costs: $ | Investigation Time: $ |
| Equipment Replacement: $ | Waste Disposal: $ | Medical Assessments: $ |
| Rental Equipment: $ | 3rd Party Consultant Fees: $ | Legal Fees: $ |
| **Incident Severity**  |
| [ ]  Minor | [ ]  Moderate | [ ]  Serious | [ ]  Major |
| **Corrective Actions -** Root-cause must be identified and corrected to prevent a re-occurrence. Remember to keep asking ‘why’ something happened to determine root-cause. Refer to incident cause table on Page 3 |
| **Incident Cause:** | **Corrective Action:** | **Person Responsible:** | **Target****Completion Date:** | **Actual Completion Date:** |
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| **Information Sharing -** Indicate below how the learnings from this incident will be shared with other StFX employees so others can learn from it |
| **[ ]**  Safety Meeting | **[ ]**  Safety Alert | **[ ]**  Safety Memo |
| **[ ]**  Other (details): | **[ ]**  Other (details): | **[ ]**  N/A |
| **Incident Review / Approval (Put a ✓ beside name of person completing report)** |
| **Employee Name:** | **Date:** | **Signature** |
| **Supervisor Name:** | **Date:** | **Signature:** |
| **Manager Name:** | **Date:** | **Signature:** |
| **Director/Dean Name:** | **Date:** | **Signature:** |
| **Manager, OHS:** | **Date:** | **Signature:** |
| **JOHSC Member Name:** | **Date:** | **Signature:** |

**Scan and email this entire report to** **lareid@stfx.ca** **and** **ebaker@stfx.ca** **within 24 hours of the incident.**

**Once complete, send original report to the OHS Office, 212 Safety & Security Building**

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| **PART E: INCIDENT CAUSE TABLE** |
| **Direct Causes** |
| **Unsafe Behaviors:** |
| **[ ]** Operating Without Authority[ ]  Operating at Improper Speed[ ]  Failure to Secure Properly[ ]  Failure to Warn of Hazard[ ]  Making Safety Devices Inoperative[ ]  Using Defective Equipment/Tools[ ]  Failure to Wear Proper PPE[ ]  Unsafe Loading/Unloading[ ]  Unsafe Position or Posture[ ]  Improper Lifting | [ ]  Servicing Operating Equipment[ ]  Horseplay[ ]  Under Influence of Alcohol and/or Drugs[ ]  Failure to Use Equipment Properly[ ]  Failure to Communicate/Coordinate[ ]  Failure to identify the Hazard[ ]  Failure to comply with Hazard Controls[ ]  Rushing[ ]  Working on Moving Equipment[ ]  Other (specify): |
| **Unsafe Conditions:** |
| **[ ]** Inadequate Guards or Barriers[ ]  Inadequate or Improper Protective Equipment[ ]  Defective Tools or Equipment[ ]  Congested Work Area[ ]  Inadequate Warning System[ ]  Fire/Explosion hazards[ ]  Poor Housekeeping[ ]  Inadequate Lighting[ ]  Inadequate Ventilation | [ ]  Hazardous Environmental Conditions[ ]  Road Conditions[ ]  Extreme Weather[ ]  Noise Exposure[ ]  Radiation Exposure[ ]  Extreme Temperature[ ]  Unsafe Mobile Equipment[ ]  Other (specify) |
| **Indirect Causes** |
| **Personal Factors:** | **Job Factors:** |
| [ ]  Inadequate Physical Capability | [ ]  Inadequate Leadership or Supervision |
| [ ]  Inadequate Mental Capability | [ ]  Inadequate Engineering Controls |
| [ ]  Physical Stress | [ ]  Inadequate Purchasing |
| [ ]  Mental Stress | [ ]  Inadequate Maintenance (scheduled or preventive) |
| [ ]  Lack of Knowledge | [ ]  Inadequate Tools or Equipment |
| [ ]  Lack of Skill | [ ]  Inadequate Work Standards |
| [ ]  Improper Motivation | [ ]  Wear and Tear |
| [ ]  Other (specify): | [ ]  Abuse or Misuse of Equipment  |
| [ ]  Other (specify): |
| **Root Causes:** |
| [ ]  Management Commitment & Administration | [ ]  Emergency Preparedness and Response |
| [ ]  Leadership Training | [ ]  Company Safety Rules and Work Permitting |
| [ ]  Planned Inspections | [ ]  Worker Knowledge & Skill Training |
| [ ]  Preventive Maintenance | [ ]  Personal Protective Equipment (PPE) |
| [ ]  Hazard Identification | [ ]  Personal or Group Communications |
| [ ]  Safe Work Practices and/or Procedures | [ ]  Hygiene and Sanitation |
| [ ]  Inadequate Previous Incident Investigation | [ ]  Hiring & Placement Standards |
| [ ]  Off the Job Safety Promotion | [ ]  Purchase Controls |
| [ ]  Other (specify): |

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| **More Details / Sketch***- stick to the facts leading up to, during and following incident**- if additional space is required, please attach details on blank piece of paper.**-attach photographs and other helpful information.* |  |